PART 1 Background & Context

**Generalists in rural surgery**
- Renewed interest in role of Generalist general surgeons, and Family Physicians with enhanced surgical skills (FPSS).
- Evidence pointing to effectiveness and cost savings.

**Local access to services**
- Evidence and continuous commitment: Women should be able to deliver as close to home as possible.
- Lack of local extra-patient obstetric services forces women to travel and leads to some outcomes.

**Scope & responsibilities**
- Attract colleagues in sufficient numbers to maintain full-service local health care.
- Offer broad set of skills and additional competencies across range of functions and/or specialties well suited to low-volume environments.
- Rural practitioners have a wider scope (range of procedures) than urban counterparts.

**Sustainability**
- We need an evidence-based delivery capacity locally.
- Without local or nearby surgical services:
  - Low-volume of procedures and staff recruitment.
  - No access to resources and training.

**Safety**
- Holistic perspective: Patient travel risks, and patient and provider (family and community) financial implications.
- No evidence to suggest that basic maternal surgery care, including caesarean sections, is less safe when provided by GP/obstetricians, with ESS than when provided by specialist obstetricians.

PART 2 Network Model of Rural Surgical Services

**Characteristics of a Network Model**
- Formal – defined structure.
- High integration across geography where referral centres function collaboratively with the local rural surgical program.

**Underlying principles**
- 1. Support of rural services by referral and regional centers in building professional capacity and confidence, competence and community in rural regions.
- 2. Functional and formal referral patterns to hubs to highest-level rural metropolitan specialist and subspecialist services, according to need.
- 3. Effective and efficient mechanisms of patient transport for acute and sub-acute cases.
- 4. Integrated referral, which includes documented discharge, with awareness of rural site capacity, improved through both relationship-building and formal asset mapping.
- 5. Educational programs undertaken with referral hospitals at both a site- and system-level, linked to monitoring and quality improvement.

**Practice environment**
- Integrate rural and surgical services.
- Program assessment must consider risk of isolation (intrinsic health care).

**Education & Training**
- Core, competency-based curriculum, reflective of the required skill set of FPSS providers, in recognizes programs for training, evaluation and certification.
- Also reflective of the required skill set of operative delivery.
- Develop pathways for the training, evaluation and certification of added competencies across disciplines for rural general surgeons.
- Also added competencies across disciplines, for rural CR-DONs, with particular attention to the strategic role they play in rural surgical care.

**Credentialing and Privileging**
- Verifiable evidence of training to perform given procedure.
- Documentation of training, recent evaluation, reference letters attesting to training and skills, and reports from evaluation or practice assessments (where relevant).
- Single level of care, regardless of specialty performing procedure.
- Mentoring and privileging to avoid vulnerability during transition period.

**Continuous quality improvement program**
- All of the applicants’ education and training, their practice experience, measurement and examination of risk-adjusted outcomes and participation in both professional development and continuous quality improvement are integrated in the preparation for, and the recovery from, their surgery.

**Recommended practice**
- Each rural surgeon, whether specialist or generalist, should be nestled within a supportive community of practice. A supportive community of practice, includes rural surgeons – both specialists and generalists, colleagues, mentors, teachers, referral and patient transfer receptors, and the support professionals and staff pertinent to surgical and obstetric care.

**Endorsed by:**
- The Canadian Association of General Surgeons (CAGS)
- The Society of Rural Physicians of Canada (SRPC)

**Contributors:**
- Stuart Iglesias MD, Bella Bella, BC
- Robert Woolard, MD, Vancouver, BC
- Garth Warnock, MD, Revelstoke, BC
- Peter Miles, MD, Grande Prairie, Alta, Alberta
- Brett Batchelor, MD, Vancouver, BC
- Garey Mazewala, MD, Vancouver, BC
- Brian Geller, MD, Medicine Hat
- Jude Kornelsen, PhD, Salt Spring Island, BC
- Nadine Caron, MD, Prince George, BC
- Randall Friesen, MD, Prince Albert, Sask.
- Jenny Blake, MD, Ottawa, Ont.
- Roy Wyman, MD, Toronto, Ont.
- Braam de Klerk, MD, Innuk, Wat.

**Summary**
- There is a renewed interest in role of Generalist general surgeons, and Family Physicians with enhanced surgical skills (FPSS).
- Evidence pointing to effectiveness and cost savings.
- Renewed interest in role of Generalist general surgeons, and Family Physicians with enhanced surgical skills (FPSS).
- Evidence pointing to effectiveness and cost savings.
- Lack of local extra-patient obstetric services forces women to travel and leads to some outcomes.
- Evidence and continuous commitment: Women should be able to deliver as close to home as possible.
- Lack of local extra-patient obstetric services forces women to travel and leads to some outcomes.
- Attract colleagues in sufficient numbers to maintain full-service local health care.
- Offer broad set of skills and additional competencies across range of functions and/or specialties well suited to low-volume environments.
- Rural practitioners have a wider scope (range of procedures) than urban counterparts.
- We need an evidence-based delivery capacity locally.
- Without local or nearby surgical services:
  - Low-volume of procedures and staff recruitment.
  - No access to resources and training.
- Holistic perspective: Patient travel risks, and patient and provider (family and community) financial implications.
- No evidence to suggest that basic maternal surgery care, including caesarean sections, is less safe when provided by GP/obstetricians, with ESS than when provided by specialist obstetricians.
- Integrate rural and surgical services.
- Program assessment must consider risk of isolation (intrinsic health care).
- Core, competency-based curriculum, reflective of the required skill set of FPSS providers, in recognizes programs for training, evaluation and certification.
- Also reflective of the required skill set of operative delivery.
- Develop pathways for the training, evaluation and certification of added competencies across disciplines for rural general surgeons.
- Also added competencies across disciplines, for rural CR-DONs, with particular attention to the strategic role they play in rural surgical care.
- Each rural surgeon, whether specialist or generalist, should be nestled within a supportive community of practice. A supportive community of practice, includes rural surgeons – both specialists and generalists, colleagues, mentors, teachers, referral and patient transfer receptors, and the support professionals and staff pertinent to surgical and obstetric care.

**Enacted by:**
- The College of Family Physicians of Canada (CFPC)
- The Society of Obstetricians and Gynaecologists of Canada (SOGC)
- The Canadian Association of General Surgeons (CAGS)
- The Society of Rural Physicians of Canada (SRPC)